Change in Company's premium or ra	te level produced by rate revision effective _	4/1/2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commerc	ial	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	·	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		474/
15. Other Workers Compensation Line of Insurance	\$46,291,815	1.74 (est)
Does filing only apply to certain territo	ory (territories) or certain classes? If so, spec	ify: No
1/1/2014 NCCI, loss costs and rating	ows rates of an advisory organization, specifications. Current LCM of 1.56 will apply to the LCM IND For Coal Classic	NCCI loss costs adopted with this filing.
*Adjusted to reflect all prior rate chan **Change in Company's premium leve	el which will result from application of new ra <u>BrickStre</u>	et Mutual Insurance Company Name of Company n, Vice President of Underwriting
		Official – Title

Cha	ange in Company's premium or rate le	evel produced by rate revision effective	7/1/2014
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance	6,501,472	-6.6%
Do	es filing only apply to certain territory	(territories) or certain classes? If so, specify:	N/A
		rates of an advisory organization, specify org cular IL-2013-06 and keep our LCMs unchanged.	anization): We are filing to adopt
	ljusted to reflect all prior rate changes hange in Company's premium level w	s. /hich will result from application of new rates.	
		FCCI	Insurance Company
			ame of Company
		IN 8	arrie or company
		Data LO Colo	k. Ca. Dogulatani Filing Canadalist
			k, Sr. Regulatory Filing Specialist
			Official – Title

FORM (RF-3)

Summary sheet

Change in Company's premium or rate level produced by rate revision effective May 1, 1 2014

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	19,489,029	+9.4%
Doe N	es filing only apply to certain territory (te	rritories) or certain classes? If s	o, specify:
Brie	of description of filing. (If filing follows ra	ates of an advisory organization	, specify organization):
_V	e are revising our base LCM. The imp	act is +9.4% change in our pren	nium level.
** C	Adjusted to reflect all prior rate chan Change in Company's premium level whwill result from application of new rates.	ich F6	ederated Mutual Ins. Co.
			e of Company
			S, MAAA – Assoc. Actuary fficial – Title

FORM (RF-3)

Summary sheet

Change in Company's premium or rate level produced by rate revision effective May 1, 2014

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	1,822,529	+9.8%
	Line of Insurance		
Doe _N	es filing only apply to certain territory (ter	ritories) or certain classes? If s	o, specify:
Brie	ef description of filing. (If filing follows ra	tes of an advisory organization,	specify organization):
۱۸	/e are revising our base LCM. The impa	act is +9.8% change in our prem	nium level
	ve are revising our base LOW. The impa	act is 15.070 change in our pron	num level.
** C	Adjusted to reflect all prior rate chang Change in Company's premium level whi vill result from application of new rates.	ch	ederated Service Ins. Co.
		Name	e of Company
			S, MAAA – Assoc. Actuary ficial – Title
		Ut	nciai – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision		
effective 2/1/2014	•	
(1)	(2)	(3)
· /	A amount Discussions	D = =

(1)	(2)	(3)
(1)	(2) Annual Premium	Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private	Volume (minois)	_ Change (101-)
•		
Passenger		
Commercial		
Automobile Physical Damag		•
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	9,220,862	1.859%
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,	in territory (territories) or	certain
	in territory (territories) or	certain
Classes? If so,		
Classes? If so, specify: N/A	ling follows rates of an a	dvisory
Classes? If so, specify: N/A Brief description of filing. (If fi	ling follows rates of an a	
Classes? If so, specify: Brief description of filing. (If fi Organization, specify	ling follows rates of an a	dvisory erenced in IL-2013-06 on 2/1/2014
Classes? If so, specify: Brief description of filing. (If fi Organization, specify organization): (FNP is currently using NCCI Rates) and	ling follows rates of an a Adoption of NCCI rate referred file 1.85 LCM and \$260 Expense	dvisory erenced in IL-2013-06 on 2/1/2014
Classes? If so, specify: Brief description of filing. (If fi Organization, specify organization): (FNP is currently using NCCI Rates) and *Adjusted to reflect all prior ra	ling follows rates of an a Adoption of NCCI rate refi file 1.85 LCM and \$260 Expense te changes.	erenced in IL-2013-06 on 2/1/2014 e Constant.
Classes? If so, specify: Brief description of filing. (If fi Organization, specify organization): (FNP is currently using NCCI Rates) and *Adjusted to reflect all prior ra **Change in Company's prem	ling follows rates of an a Adoption of NCCI rate refi file 1.85 LCM and \$260 Expense te changes.	erenced in IL-2013-06 on 2/1/2014 e Constant.
Classes? If so, specify: Brief description of filing. (If fi Organization, specify organization): (FNP is currently using NCCI Rates) and *Adjusted to reflect all prior ra	Adoption of NCCI rate refille 1.85 LCM and \$260 Expense te changes.	erenced in IL-2013-06 on 2/1/2014 Constant.
Classes? If so, specify: Brief description of filing. (If fi Organization, specify organization): (FNP is currently using NCCI Rates) and *Adjusted to reflect all prior ra **Change in Company's prem	ling follows rates of an a Adoption of NCCI rate refi file 1.85 LCM and \$260 Expense te changes. ium level which will resu	erenced in IL-2013-06 on 2/1/2014 Constant.

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Pri		
Passenger		
Commercial		
Automobile Physical D	amag	
Private Passenger		
Commercial		
Liability Other Than Au	to	
Burglary and Theft		
Glass		
Fidelity Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	on \$10,095	-5.4%
Life of Insurance	e	
Does filing only apply to Classes? If so,	o certain territory (territories) or	certain
specify:	Applies to All	
Brief description of filin	g. (If filing follows rates of an ac	lvisory
Organization, specify		•
organization):	Follows NCCI Illinois rates.	
*Adjusted to reflect all	prior rate changes	
	s premium level which will result	from application of ne
1000.	Frank Winston Crur	n Insurance Company
	Nan	ne of Company
	Kristen Fortune - Ac	
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2014 (3) (2) (1)Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 5,852,022 19.10% 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: no Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are requesting to adopt the NCCI 1/1/14 loss costs, to be effective 5/1/14 for new and renewal business. In addition, we are requesting to change our loss cost multiplier from 1.77 to 2.25. Estimated Premiums. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Insurance Company Name of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2014 (3) (2)(1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 9,526,211 -14.10% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: no Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are requesting to adopt the NCCI 1/1/14 loss costs, to be effective 5/1/14 for new and renewal business. In addition, we are requesting to change our loss cost multiplier from 2.045 to 1.90. Estimated Premiums. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. General Casualty Company of Wisconsin Name of Company

Rate-Form Manager

Official - Title

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2014

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
2.	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$8,747,228	-9.2%
16.	Other		
	(Line of Insurance)		
Does filir	ng only apply to certain territory (territories	s) or certain classes? If so, specify:	NO
Adoption	scription of filing. (If filing follows rates of a of NCCI Loss Costs and Rating Values f	from NCCI Circular IL-2013-06	ization):
effective	January 1, 2014. Our filing (IL13269CG0	00025) to be effective March 1, 2014.	
	·		

Great American Alliance Insurance Company
Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

WC-IL-6 Printing 2/02

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2014

	(1) Coverage	(2) . Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		<u> </u>
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$104,358	-1.5%
16.	Other		
	(Line of Insurance)		•
Does fi	iling only apply to certain territory (territories	s) or certain classes? If so, specify:	NO
	escription of filing. (If filing follows rates of a		nization):
	ve January 1, 2014. Our filing (IL13269CGC)		
enectiv	76 January 1, 2014. Our ming (12.13209000	to be enective march 1, 2014.	

Great American Assurance Company
Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

WC-IL-6 Printing 2/02

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2014

	(1)	(2) Annual Premium	(3) Percent Change (+ or -) **
	Coverage	Volume (Illinois) *	Change (4 of -)
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		·
9.	Fire		<u> </u>
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$844	0.0%
16.	Other		
	(Line of Insurance)		
_			NO
Does fi	iling only apply to certain territory (territories) or certain classes? If so, specify:	NO
Brief de	escription of filing. (If filing follows rates of a	n advisory organization, specify org	panization):
Adoption	on of NCCI Loss Costs and Rating Values fr	rom NCCI Circular IL-2013-06	
effective	ve January 1, 2014. Our filing (IL13269CG0	0025) to be effective March 1. 201	4.
2.1000	, , , , , , , , , , , , , , , , , , ,		

Great American Insurance Company

Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

WC-IL-6 Printing 2/02

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective: 3/1/2014

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		•
14.	Crop Hail	\$1,095,699	-7.5%
15. 16.	Workers Compensation Other	\$1,095,699	-1.5%
10.	(Line of Insurance)		
	(Line of insurance)		
Does filing	only apply to certain territory (territories) or ce	ertain classes? If so, specify:	NO
5		·	- Ai \ .
	ription of filing. (If filing follows rates of an adv		<u> </u>
	of NCCI Loss Costs and Rating Values from N		
effective J	anuary 1, 2014. Our filing (IL13269CG00025)	to be effective March 1, 2014.	
		· · · · · · · · · · · · · · · · · · ·	

Great American Insurance Company of New York
Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

Cha	ange in Company's premium or rate le	evel produced by rate revision effective	7/1/2014
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		•
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	783,384	-5.5%
	Line of Insurance		
Do	es filing only apply to certain territory	territories) or certain classes? If so, specif	y: <u>N/A</u>
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify o	organization): We are filing to adopt
NCC	CI 1/1/2014 loss costs approved under NCCI Cir	cular IL-2013-06 and keep our LCMs unchanged.	
	ljusted to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rate	es. Guaranty Insurance Company
			Name of Company
			· -
		Debra J. Coms	tock, Sr. Regulatory Filing Specialist
			Official - Title

Change in Company's premium or rate level produced by rate revision effective						
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>			
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance	5,421,231	-7.2%			
Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A						
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt NCCI 1/1/2014 loss costs approved under NCCI Circular IL-2013-06 and keep our LCMs unchanged. *Adjusted to reflect all prior rate changes.						
**Change in Company's premium level which will result from application of new rates.						
	National Trust Insurance Company					
		Na	me of Company			
	•	Debra I Caratada	Sr. Dogulaton, Eiling Specialist			
			s, Sr. Regulatory Filing Specialist			
		(Official – Title			

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective <u>02/01/2014</u> .

-	(1)	(2) Annual Premium	(3) Percent			
~	Coverage -	Volume (Illinois) *	Change (+or-) **			
1.	Automobile Liability Private					
	Passenger					
	Commercial					
2	Automobile Physical Damag		•			
	Private Passenger					
2	Commercial					
3. 4.	Liability Other Than Auto					
+. 5.	Burglary and Theft Glass					
5. 3.	Fidelity					
7.	Surety					
3.	Boiler and Machinery	***************************************				
Э.	Fire					
10.	Extended Coverage					
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail					
15.	Other Workers Compensation	\$17,595,604	- 3.56%			
	Life of Insurance					
•	Does filing only apply to certain	in territory (territories) or o	certain			
	Does filing only apply to certain territory (territories) or certain Classes? If so.					
	specify: Yes. 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8835, 8842,					
	8864, 8868, 9015, 9040.					
	Brief description of filing. (If filing follows rates of an advisory					
	Organization, specify					
	organization):		NCCI advisory rates with the			
	exception of NHRMA Mutual class code 9929 with a rate of \$3.59. All NHRMA polices are written					
	on a Loss Sensitive Rating Plan.	1				
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new					
		tum level which will result	. Irom application of new			
	rates. Nhrma Mutual Insurance Company					
	Name of Company					
	Name of Company					

Nhrma Mutual Insurance Company

Name of Company

Lloyd Wiesemann, VP-Insurance Services

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2014 (3) (2)(1) Percent **Annual Premium** Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 8,533,520 -1.60% Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: no Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are requesting to adopt the NCCI 1/1/14 loss costs, to be effective 5/1/14 for new and renewal business. In addition, we are requesting to change our loss cost multiplier from 1.54 to 1.615. Estimated Premiums. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Regent Insurance Company Name of Company

Rate-Form Manager

Official - Title